File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Reset Form

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PM 1.3 08

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organ	ization)		الوسايات	Committee that
Committee to Re-elect Tim Schott	,		FORM	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate (8) County PAC (9) City PAC (10) School Botton Ballot Issue	State PAC (3)State Party	al C (DR-2 (Rev. 07/2007)	_ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CANDIDATE COMMITTEES ONLY: Candidate Name Timothy N. Khatt Office Sought CHALL Afformey	Political Party (if applicable) Of mullist (District (if Senate or House)		Comm. #	
Late reports are subject to possible civil and criminal penalties. Pursu Auah J. Smith SIGNATURE OF PERSON FILING REPORT	Jant to Iowa Code sections 68B.32 (フ12) 468 - 2269 TELEPHONE			
I AM FILING A COOS (report date) □CHECK IF AMENDMENT TO REPORT DATED	REPORT FOR (1) ELECTION Indicate by	# 3		
☐ Check if this is final (termination) report and attach Notice of D (You must continue to file reports until a DR-3 is filed.)	issolution Form DR-3.	County & I	nmittees, enter Date Local Committees, ction is held	enter County in
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is first in	h on hand at the end	\$	367	8)
ADD TOTAL MONEY TAKEN IN THIS PERIOD	, , , , , , , , , , , , , , , , , , , ,	······································		
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)		16	<u>56</u>
Schedule F: Loans Received total (Attach Schedule F).			/-	
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)			
(Schedule H applies to Candidates' Committee	ees Only)			
	SUB-TOTAL	\$	377,	82
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		•	-	
Schedule B: Expenditures total (Attach Schedule B) (**a	lso see debts and loans below)		2,	65
Schedule F: Loan Repayments total (Attach Schedule F)			
ASH ON HAND at the end of this reporting period (if final report to	palance must be zero)	\$	375,	17
UNPAID BILLS (From Schedule D - Attach Schedule D)				
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule	F)			
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	<i>-,</i>			
ONSULTANT BREAKDOWN (Schedule G Attached?)				
ANDIDATE COMMITTEES ONLY:			_YES ` NO	ס
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach S	chedule H\			
TATE COMMITTEES: Submit a reconciled campaign account ba	oliculie (1)	\$		
	rik statement in January of each	vear.		

For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY
COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Re-elect Tim Schott			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FC FUND RAISE
15/31/5007	ID#	Unitem 2pd			INCOM
,	CK#	Unitem zed Contribution	1	\$ 1000	
	ID#	(((10	
	CK#				
	ID#		_		<u> </u>
	CK#				
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	Ск#				
	ID#				
	CK#			Ì	
			SUB-TOTAL		
		TOTAL (if last page	e of this schedule)	\$ 10°°	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

COMMITTE	E NAME (Must be	same as on Statement of Organization,	,	
Conmo	Hee to Ke-e	lect Tim Schott	,	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/05/2017	ID#	Unitemized		
	CK#	expenditures		\$ 2,65
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
·			SUB-TOTA	AL \$
	HES TO CANDIDATE		TOTAL (if last page of this schedul	(e) \$ 2,65

THIS	BOX	APPLIES	TO CA	NDIDA	TES'	COMM	TTEES	ONI Y

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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